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FILED FEB 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Kister-6140
State File No.

23

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>701 South Fourth Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>701 South Fourth</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u>	b. (Middle) <u>J</u>	c. (Last) <u>Wunsch</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 5, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 12 1877</u>	9. AGE (In years last birthday) <u>75</u>	Months <u>0</u>	Days <u>23</u>	Hours <u></u>	Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN business</u>	11. BIRTHPLACE (State or foreign country) <u>Portage des Sioux, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Wunsch</u>	13b. MOTHER'S MAIDEN NAME <u>Sophie park</u>	14. NAME OF HUSBAND OR WIFE <u>Alice (Dorsey) Wunsch</u>	<u>dec'd</u> 1950
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service) <u>NIL</u>	16. SOCIAL SECURITY NO. <u>NIL</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Russell Wunsch (son)</u>	ADDRESS <u>St. Charles, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial failure</u>			<u>1 month</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(chronic myocarditis)</u>			<u>10 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congenital cystic lung disease</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1, 1949 to February 19 52, that I last saw the deceased alive on February 5, 1952, and that death occurred at 9:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George E Kister</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>St Charles Mo</u>	23c. DATE SIGNED <u>2-6-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 9, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Charles Borromeo</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-8-52</u>	REGISTRAR'S SIGNATURE <u>Samuel Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Dallmeyer</u> ADDRESS <u>800 N. 2nd--St. Charles, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.